



# Argonaut Insurance Company 75

1045 Riverside Avenue, Suite 155 • Jacksonville, Florida 32204

**00190**

File # 83 C 002383

Primary Carrier ARGONAUT INSURANCE COMPANY

Policy Number GL-83-306-600916

Excess Carrier UNKNOWN

Policy Number UNKNONW

Insured CHARLES C. DUGAN, M.D.

Address 2600 BROADWAY WEST PALM BCH, FLA.

Specialty SKIN DISEASES

Date of incident 2-13-74

Date of Suit NONE

Disposition of incident:

Date 8-27-75

Settlement \$ N/A

Defense Cost \$ N/A

Summary Judgement Ø

Directed Verdict Ø

Let out by the jury N/A

Reason for final disposition, if no settlement.

CLMT ATTY DECIDED THERE WAS NO MALPRACTICE ON PART OF INSURED  
CLOSED 8-27-75

Summary of occurrence which created claim.

CLMT ALLEGED THAT TRMTBY INSURED CAUSED MISCARRIAGE.